



ALABAMA ATHLETIC COMMISSION

260 Commerce Street, 4th Floor • Montgomery, AL 36104

Phone: (334) 245-4374

Fax: (866) 715-9714

In this space, the applicant must attach a clean, full-face photo of head and shoulders taken within the past six (6) months.
2"X2" SIZE PHOTO

APPLICATION FOR LICENSURE

AS A MATCHMAKER

TYPE: ☐ BOXING ☐ MMA

(Please check only ONE TYPE above)

OFFICIAL USE
by
Alabama Athletic
Commission

Acknowledgement
of
Receipt

Commission's official use only:
AAC License # _____ MM

I hereby make application for licensure in the State of Alabama to serve as a **MATCHMAKER** under the jurisdiction of the Alabama Athletic Commission: (Separate applications are required for each Type and a separate fee must be submitted with each application.)

1. **Full Name** _____ **aka** _____
(Legal name - public record)
2. **Address of Record** _____ **Telephone** (____) _____
(The above address is public record) *Street City State Zip* (circle one: Office/Home/Cell phone)
3. **Mailing Address** _____ **E-mail** _____
(The above address is not public record) *Street/PO Box City State Zip*
4. **Date of Birth** ____/____/____ **Place of Birth** _____ **Social Security No.** ____/____/____
mm dd yyyy
5. **Are you a United States citizen** ☐ Yes ☐ No
If NO, do you have documentation that you are here legally? ☐ Yes ☐ No
****Please provide documentation that proves your assertion**
6. **Have you ever been convicted of any State or Federal felony?** ☐ Yes ☐ No
(If Yes, a detailed statement, including a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be attached.)
7. **Have you ever held Boxing or MMA related license (e.g., manager, competitor, second, official) in any other state?** ☐ Yes ☐ No
(If yes, please list the state and type of License:)

8. **Have you ever had a Boxing or MMA related license or registration revoked, suspended, fined or otherwise sanctioned?** ☐ Yes ☐ No
(If yes, a copy of the charges and the final order must be received before your application will be processed.)
9. **Are you or have you ever been a user of or addicted to any habit forming or unlawful substance?** ☐ Yes ☐ No
(If Yes, you must attach proof of participation in a recognized drug rehabilitation program.)

You must sign this application in the presence of a notary public, commissioner or commission appointed representative. Supporting documentation must be attached to be considered for licensure. RESTRICTIONS may apply if currently licensed as an Official.*



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TYPE: [] Boxing [] MMA

MATCHMAKER

Applicant for licensure as a Matchmaker shall meet the following requirements. Supporting documentation must be attached to be considered for licensure. Incomplete applications will be returned to the applicant.

RESTRICTIONS MAY APPLY IF CURRENTLY LICENSED AS AN OFFICIAL*:

NO APPLICATIONS TO SERVE AS A OFFICIAL WILL BE ACCEPTED FOR ANYONE CURRENTLY LICENSED BY THIS COMMISSION TO SERVE OR HAS SERVED WITHIN THE LAST FIVE (5) YEARS AS A PROMOTER, MATCHMAKER, TRAINER, MANAGER, SECOND OR FIGHTER.

1. Have a minimum of five (5) years documented experience as a Matchmaker in the TYPE professional events for which applying, i.e., if applying for MMA license, must indicate professional MMA experience
2. The Commission may accept satisfactory evidence of equivalent qualifications possessed by an applicant who is currently licensed and in good standing in another state or country and meets all other ABC and AAC requirements.

A. CHARACTER REFERENCES: Please list below (name, address, & phone) from three (3) persons regarding your personal integrity and ATTACH letters of reference, if available:

NAME:

ADDRESS:

TELEPHONE #:

_____	_____	_____
_____	_____	_____
_____	_____	_____

B. WORK EXPERIENCE (*see above licensure restrictions): List a minimum of five (5) years experience in matchmaking, relevant to the TYPE (Boxing or MMA) that you are applying, including a list of all professional fighters that you have matched, the promoters who promoted the matches and the results of the matches.

PROMOTER'S NAME _____	PHONE NUMBER: _____
PROMOTER'S ADDRESS _____	
CITY & STATE EVENT HELD: _____	DATE of SERVICE/EVENT: ____/____/____ mm dd yyyy
Bout between _____ vs. _____	Results: _____
Bout between _____ vs. _____	Results: _____
Bout between _____ vs. _____	Results: _____
Bout between _____ vs. _____	Results: _____

If more space is needed to list work experience, please attach a separate sheet of paper with additional information.

I FURTHER CERTIFY that I have read the AAC Administrative Code and will comply with the State Laws and Rules governing the license and service for which this application is being submitted as a Matchmaker.

Signature of Applicant

PRINT NAME: _____

DATE: _____